

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022210
STATE FILE NUMBER

FILED JUL 8 1958

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 136

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits give TOWNSHIP only) <u>Independence, Missouri</u>			c. CITY OR TOWN <u>Independence, Missouri</u>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jackson Co. Negro Home</u>			d. STREET ADDRESS (If outside, give location) <u>Jackson County Negro Home</u>		
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Mathews</u> Last <u>Mathews</u>			4. DATE OF DEATH Month <u>6</u> Day <u>19</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>7-14-1872</u>		9. AGE (In years last birthday) <u>85</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>"unknown"</u>	11. BIRTHPLACE (City and state or country) <u>West Point, Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>"unknown"</u>		13b. MOTHER'S MAIDEN NAME <u>"unknown"</u>		14. NAME OF HUSBAND OR WIFE <u>"None"</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>"unknown"</u>		17. INFORMANT Address <u>Records, Jackson County Negro Home</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardio. Renal Dropsy</u> DUE TO (b) <u>Nephritis</u> DUE TO (c) <u>593X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <u>✓</u> <u>✓</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u>a.m.</u> Month, Day, Year					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY <u>MO</u> STATE <u>MO</u>	
21. I attended the deceased from <u>June 6th</u> to <u>June 19</u> and last saw her alive on <u>June 19-58</u> Death occurred at <u>6:00</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>S. H. Griffin M.D.</u>			22b. ADDRESS <u>Rt 14 Lees Summit Mo</u>		22c. DATE SIGNED <u>6-22-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Anatomical</u>		23b. DATE <u>6-19-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Western Dental College</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
24. FUNERAL DIRECTOR <u>Weillert Funeral Home K.C. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-26-1958</u>		26. REGISTRAR'S SIGNATURE <u>N. B. Longford</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed George E. Greene

Licensed Embalmer No. 49090

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.